Effective December 29, 1999										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							ENTITY	OR	OTHER SMALL E	
FOF	3	NUMBE	R FILED	NUMBER E	XTRA	RATE	FEE		RATE	FEE
BAS	IC FEE	<i>*</i> * * * * * * * * * * * * * * * * * *	7 ()				345.00	OR		690.00
тот	AL CLAIMS	39	minus 2	0=1.18		X\$ 9=		OR	X\$18=	324
INDE	PENDENT CLA	ims 2	9 minus 3 = *			X39=		OR	X78=	/
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	mu
			IOIAL		JON	OTHER	THAN			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL	YTITM	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 7	Minus	3%	=	X\$ 9=		OR	X\$18=	
ME	Independent	・ ち	Minus	··· 3	= 2	X39=		OR	X78=	172.00
7	FIRST PRESE	NTATION OF MI	ULTIPLE DEP	PENDENT CLAIM		+130=		OR	+260=	
						TOTA			TOTAL	
(Column 1) (Column 2) (Column 3)						ADDIT. FEI			ADDIT. FEE	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	=	X39=		OR	X78=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM		+130=		OR	+260=	
						TOTA ADDIT. FE	E	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
NE NE	Independent	•	Minus	***	=	X39=		OR	X78=	
F	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM		-	1	1		
	If the entry in colu	ımn 1 is less than	the entry in col	umn 2, write "0" in o	olumn 3.	+130=		OR	+200=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20; enter "20." ADDIT, FEE ADDIT, FEE ADDIT, FEE										<u> </u>
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

Application or Docket Number